

Implementing intersectoral alcohol policies at the local level in Santiago, Chile, 2014-2017

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Abstract

In this Notes from the Field, implementers described an intersectoral alcohol control strategy implemented in Santiago, Chile, between 2014 and 2017. The implementation consisted of two stages: a first stage where we used local data on alcohol harm, density, and marketing to increase political will; a second where this political will was used to develop an intersectoral alcohol control plan, implemented in 2016 and partially in 2017. From 2014 to 2017, it was possible to implement policies in nine World Health Organization (WHO) policy domains and involve twelve municipal departments. Seizing windows of opportunity, gaining political will, framing the problem as common goals, and securing stable funding were crucial elements for a successful implementation.

Introduction

Local governments have a pivotal role to play in alcohol control policies. First, local governments are often responsible for implementing national policies, including the administration of alcohol licences, sobriety checkpoints, and alcohol brief interventions (Holder & Reynolds, 1997). Second, local governments have, in some jurisdictions, the statutory right to introduce alcohol control policies, such as alcohol taxes, restrictions on outlet density, or trading hours (Grace et al., 2016; Mosher et al., 2017; Wilkinson et al., 2020). Local policy space is especially important when national policy space is constrained due to a lack of prioritisation of alcohol policies or opposition from the alcohol industry. Third, local governments are commonly responsible for handling the consequences of alcohol-related harm. This includes the acute effects of violence and nuisance in public spaces, domestic violence, emergency room consultations, and traffic accidents, as well as the long-term effects of alcohol use on education, employment, and workability, among others. Therefore, they have a natural interest in reducing alcohol-related harm (Guizzo et al., 2021).

Research on the role of local governments in alcohol policies has primarily focused on alcohol availability, either by using local policies on outlet density (de Vocht et al., 2017; Jernigan et al., 2013) or trading hours (Duailibi et al., 2007; Humphreys et al., 2013; Kyprí & Livingston, 2020; Sánchez

et al., 2011; Vingilis et al., 2008) as natural experiments for effectiveness evaluation or examining the processes of alcohol licensing (Fitzgerald et al., 2017; Mosher & Treffers, 2013; Wright, 2019). Multicomponent interventions at the community level have been implemented without active involvement from local governments or have focused on a single policy domain (Saltz et al., 2021; Shakeshaft et al., 2014). With few exceptions, most of the evidence comes from the United States, United Kingdom, Australia, and New Zealand. Studies on comprehensive alcohol strategies that integrate local-level intersectoral actions are lacking (Anderson et al., 2018). This is, to our knowledge, the first description of a comprehensive intersectoral alcohol control strategy developed by a local government.

In this Notes from the Field, the implementers (hereafter “we”) describe an intersectoral alcohol control strategy in Santiago, Chile, between 2014–2017. As former civil servants responsible for the design and implementation, we reconstruct the process of policy design, implementation, and evaluation, as well as identifying barriers and facilitators.

Context

Chile is a high-income South American country with high levels of alcohol use and harm. Municipalities have been responsible for granting alcohol licences since 1892. The administrative decentralisation of Public Services in the late

1970s under the Pinochet dictatorship expanded the role of municipalities as they were assigned the administration of primary health care and education, as well as social services and public safety (Gideon, 2001; Parry, 1997). The Alcohol Act (2004) introduced the current alcohol licensing system and granted municipalities the right to create exclusion zones and restrict trading hours or days beyond the ones established by national law (Peña et al., 2021).

The Municipality of Santiago is the capital municipality of Chile; it has more than 500,000 residents in 2023 (385,000 in 2014; Instituto Nacional de Estadísticas, 2023) and a large daily transient population of around 1.9 million people (Pontificia Universidad Católica de Chile, 2023). There is also an active night-time economy in the historic downtown and other neighbourhoods. Local ordinances were introduced in 2004 and 2005 banning new alcohol licences for certain types of outlets and restricting trading hours in three neighbourhoods (Municipalidad de Santiago, 2004, 2005a, 2005b). The rest of the municipality has the opening hours defined in the Alcohol Act. In January 2014, the Municipality of Santiago started *Santiago Sano*, an intersectoral health promotion programme using Health in All Policies (HiAP) to create healthier environments for both residents and transient populations. The primary focus was tackling the burden of chronic non-communicable diseases (NCDs) by reducing their risk factors, including alcohol use. Santiago Sano used a policy model aimed at intervening the availability, affordability, and marketing of alcohol, tobacco, unhealthy foods, and opportunities for physical activity.

How These Notes Were Written

To increase the accuracy and replicability of this case story, we reviewed the documentation produced by Santiago Sano, especially drawing on monthly reports of professionals hired under fee agreements. These reports include a daily log book, final monthly products and means of verification. We also reviewed official municipal documents, transcripts of municipal council sessions, and institutional agreements between the Municipality of Santiago and public or private institutions. All the information we refer to in the article is available in a public repository (Peña, 2023).

We provided a narrative synthesis of the intervention and its implementation, describing the main activities, barriers and facilitators in chronological order. We structured the interventions included in the policy strategy using the ten policy domains established in the World Health Organization's (WHO) Global Strategy: (1) pricing policies; (2) marketing of alcoholic beverages; (3) alcohol availability; (4) drink-driving policies; (5) health services' response; (6) reducing the negative consequences of drinking and alcohol intoxication; (7) reducing the impact of illicit and informally produced alcohol; (8) community action; (9) leadership, awareness and commitment; and (10) monitoring and surveillance (WHO, 2010).

Intervention and Implementation

The development and implementation of Santiago's intersectoral alcohol policy strategy occurred in two stages. A first stage (2014–2015) consisted of using local evidence to define the problem and build political will. The second

stage (2015–2017) included the development and implementation of a community-action pilot plan and an intersectoral alcohol control strategy involving twelve municipal departments. A summary of all alcohol control policies (organised by WHO alcohol policy domains) implemented during the implementation period can be found in Table 1.

Stage 1. Monitoring and Information to Build Political Will

Santiago Sano used four HiAP principles to sustain the implementation: (1) building political will; (2) identifying and acting on windows of opportunity; (3) creating governance structures to promote intersectoral action through coordinated aims; and (4) tackling conflicts of interest with the alcohol, food, tobacco and pharmaceutical industry (Leppo et al., 2013). The governance structure included an Executive Committee, chaired by the Mayor and their Chief of Staff, who would oversee the programme's implementation. The Department of Health would be responsible for the technical proposal and act as the technical secretariat. This role was initially carried out by one full-time civil servant (SP).

The work started by mapping municipal departments whose attributions, aims or actions could align with the programme's aims and establishing contacts between Health and other municipal departments. The Department of Education requested interventions in high schools with a history of riots and poor educational outcomes. Santiago Sano used this window of opportunity to introduce a program named "Friendly Spaces" in six high schools. The intervention included sexual and reproductive services and the implementation of alcohol screening and brief alcohol interventions (SBIs) among high school students (WHO Policy Domain 5). Resources came from two existing fee agreements with the Ministry of Health, which were reoriented to support these interventions.

Alcohol interventions expanded greatly in June 2014 thanks to a fee agreement with the National Service for Prevention and Rehabilitation on Drugs and Alcohol Consumption (SENDA), which needed a counterpart to introduce random breath-testing points in the Metropolitan Region. The Municipality would contribute with an ambulance and its personnel (WHO Policy Domain 4); the Municipality used this opportunity to request funding to hire a civil servant to support local alcohol control policies. The programme was allocated US\$37,353 (in 2014 dollars) for funding in its inaugural year.

New personnel were assigned to conduct a literature review on the effectiveness of restricting opening hours and monitoring local alcohol-related harm. The aim was to support an October 2014 public consultation asking residents to reduce alcohol outlets' opening hours and collect local evidence to increase political will for stronger alcohol control policies. Local evidence helped to start a conversation with relevant departments regarding Alcohol Act compliance and to align the program's objectives of reducing alcohol use with the goals of other municipal departments.

Table 1**Summary of Actions of the Intersectoral Alcohol Control Strategy in the Municipality of Santiago from 2014 to 2017**

Policy Domain	Interventions by the Municipality of Santiago	Actors involved	Years implemented
1. Pricing policies	Agreement to stop selling small bottle spirits under US\$ 2 in three liquor stores in San Borja neighbourhood	Departments of Social Development, Health, Inspection and Security	2015–2017
2. Marketing of alcoholic beverages	Surcharge on advertising rights for content containing alcohol marketing and sugar-sweetened beverages for storefront advertising (20%), one-off events (50%) and events in public spaces (12.5%) defined by Ordinance n. 94	Departments of Finance, Public Spaces and Health	2014–2017
3. Availability of alcohol	Public consultation on reducing opening hours of liquor stores from 01 am to 11 pm from Sunday to Thursday and from 03 am to 12 am on Fridays, Saturdays and bank holidays	Mayor's Office, Department of Social Development	2014
	Prevention of new alcohol licences being allowed less than 100 metres from public facilities, thus contravening the Alcohol Act	Departments of Finance, Social Development and Health	2015–2017
	Reduction of the number of one-off events that include alcohol sales and their opening hours (maximum until 2 am)	Department of Public Spaces	2016–2017
4. Drink-driving policies and countermeasures	Random breath-testing points within city boundaries (carried out by SENDA with municipal ambulances and personnel)	Department of Health	2014–2017
5. Health services' response	Alcohol screening (AUDIT, CRAFFT) and brief interventions among high school students (Friendly spaces)	Departments of Education and Health	2014–2017
	Training nurses on the effects of alcohol use; best practices for intervention and appropriate referral	Department of Health	2016–2017
	Screening (AUDIT, CRAFFT), brief interventions and harm reduction advice delivered by peers (volunteers from NGOs and universities) to young people in public spaces	Department of Health	2015–2017
	Screening, brief interventions and harm reduction advice delivered by health professionals among high school students	Departments of Education, Social Development and Health	2015–2017
	Screening, brief interventions and harm reduction carried by staff from municipal health centres to municipal workers with public health insurance	Departments of Health and Human Resources	2016–2017
6. Reducing the negative consequences of drinking and alcohol intoxication			
7. Reducing the public health impact of illicit alcohol and informally produced alcohol	Using phone call records to identify illegal alcohol outlets (<i>clandestinos</i>)	Department of Citizens' Services and Health	2015
8. Community action	Promoting the involvement of neighbours' associations in alcohol licences granting process	Departments of Social Development and Health	2014
	Informing the community on off-trade alcohol opening hours and procedures to denounce violations of the Alcohol Act	Departments of Social Development and Health	2015–2017
	Pilot plan involving neighbours associations, Carabineros de Chile, alcohol off-trade owners, and municipal workers in one neighbourhood (San Borja)	Departments of Social Development, Health, Inspection and Security	2015
	Facilitating contact information of relevant municipal workers and police officers when observing alcohol related disturbances	Departments of Social Development, Inspection, Security and Health	2016–2017

Policy Domain	Interventions by the Municipality of Santiago	Actors involved	Years implemented
9. Leadership, awareness, and commitment	Agreement with liquor store owners after loss of referendum	Mayor's Office and Departments of Social Development and Health	2014
	Promoting Mayor's involvement on alcohol harm reduction policies	Mayor's Office and Department of Health	2014–2017
10. Monitoring and surveillance	Evidence gathering of alcohol harm through Municipal phone call records	Department of Citizens' Services and Health	2014
	Identification of alcohol related harm at community level through interviews with neighbours associations and local stakeholders	Departments of Social Development and Health	2014
	Measurement of exposure to street-level alcohol marketing near educational facilities	Departments of Finance and Health	2014
	Identification of alcohol outlets located 100 meters from schools, healthcare facilities, police stations, transport terminals, military installations and prisons.	Departments of Finance and Health	2014
	Evidence gathering of alcohol harm in the Municipality of Santiago from national police records	Departments of Security and Health	2015

We analysed municipal phone complaint records to understand temporal and geographical patterns of alcohol-related harm (WHO Policy Domain 10, see the [Supplementary Appendix](#) for details). Out of 189,768 calls received between 2010 and 2014, 9.9% (18,648) were related to alcohol. Analyses showed that alcohol-related phone calls peaked in certain months (January, December and September), days of the week (Thursday to Sunday) and hours (9:00 p.m. to 4:00 a.m.). The data supported the need to reduce opening hours.

Monitoring efforts were further expanded by analysing crimes related to alcohol using data from *Carabineros de Chile* (Chilean National Police; see the [Supplementary Appendix](#) for details). Out of 153,409 crimes in the 2013–2014 period, 17.1% were related to alcohol. Patterns were mostly consistent with the analysis carried out using phone call records, including the identification of highly saturated areas with complaints, late-night nuisance, littering, and the demand for a stronger police presence.

We utilised 2014 georeferenced data on alcohol outlets from the Department of Finance, covering all commercial outlets registered in the municipal territory, including licensed alcohol outlets. We identified three neighbourhoods with high alcohol-related harm, 128 illegal alcohol outlets, and 679 alcohol outlets within 100 metres of sensitive facilities, thus contravening the Alcohol Act. We reported this issue to the Department of Finance, responsible for new licences, and the Department of Social Development, as neighbours' associations were consulted in the processes of granting and renewing alcohol licences and, therefore, should be aware of violations to the Alcohol Act.

In two high-harm neighbourhoods, we conducted qualitative analyses to understand residents' and stakeholders' perceptions of alcohol-related issues and solutions. Using semi-structured interviews and focus groups, we explored their perceptions of alcohol-related harm and alcohol-misuse patterns, associated damage, relevant actors, attempted

solutions, and alternative solutions. Interviewed actors agreed on the need to strengthen municipality and police officers' presence in their communities.

We examined street-level marketing using photos taken from a car roof-mounted camera in February 2014 (see [Supplementary Appendix](#) for details). We reviewed 23,571 storefront signs from 13,292 commercial outlets, of which 476 (2.1%) featured alcohol marketing. We then quantified the exposure to alcohol marketing of daycare pupils and students. Merging this data with georeferenced information from 154 daycares and schools, we found an average of nine storefront signs ($SD = 5.3$) containing alcohol marketing within a 350-metre walking radius from schools; 29.8 signs ($SD = 12.8$) within a 660-metre radius, and 62.7 signs ($SD = 22.2$) within a 1000-metre radius. We worked collaboratively and raised concerns with the Department of Education about the exposure of alcohol to children and adolescents.

Alongside efforts in monitoring, we implemented alcohol control policies in WHO Policy Domains 2, 3 and 9. The October 2014 public consultation asked residents to vote between maintaining or reducing opening hours of liquor stores. Liquor stores closed at 01:00 a.m. from Sundays to Friday and at 03:00 a.m. on Saturdays and bank holidays. With the new policy, they would close at 11:00 p.m. Sunday to Thursday and at midnight on Fridays, Saturdays and bank holidays. Of 55,845 residents who voted in the consultation, 54.6% of voters rejected the Mayor's proposal. As a response, the municipality signed an agreement with liquor store owners. The agreement entailed installing signs indicating hours and sales restrictions, coordinating with the Department of Security for illegal activity reports, and involving liquor store owners in neighbourhood's meetings.

In October 2014, together with the Department of Finance, we presented a local ordinance amendment to the Municipal Council, introducing surcharges on advertisement rights for storefront signs containing alcohol or sugar-sweetened food

and beverages marketing (20%), and signage in one-off events. Our goal was to diminish street-level marketing, while the Department of Finance recognised an opportunity to boost city revenues. The Municipal Council approved the proposal with seven votes against three.

We finalised 2014 with a public seminar on the role of Municipalities in tackling alcohol use with Dr. Maristela Monteiro (Pan American Health Organization) and then-Mayor Carolina Tohá as keynote speakers. The goal was to raise awareness about the impact of alcohol use on health and society, but also to strengthen the political will of the Mayor and the Mayor's Office to support alcohol control policies.

Stage 2. Intersectoral Alcohol Control Plan

The agreement signed with SENDA was renewed for 2015, doubling its budget to US\$70,349 and allowing us to hire another professional. In 2015, we aimed to consolidate these efforts into a more cohesive intersectoral strategic plan. As part of the renewed agreement for 2015, SENDA requested to train volunteers to implement alcohol harm reduction interventions for young people in public spaces (WHO Policy Domain 5). We thus sought institutional collaboration with universities and Non-Governmental Organisations (NGOs), such as the Young Men's Christian Association (YMCA), as collaboration with the municipality aligned with their Social Responsibility and Public Outreach strategies. We trained YMCA volunteers on SBIs and harm mitigation strategies in June 2015 and expanded the training to students in health and social care degrees. Volunteers carried out SBIs in parks, university campuses, and other public spaces.

The plan's starting point was a community model pilot that could bring the actions of several municipal departments together coherently in a neighbourhood (covering WHO Policy Domains 8 and 1). The municipality chose San Borja, a neighbourhood with active community involvement and supportive alcohol outlet owners, but also with high levels of public drinking and harm, and a large population of homeless people using alcohol and drugs in the streets. The community denounced public alcohol consumption, street fights, alcohol sales beyond regular working hours, excessive noise, littering, and other behaviours connected to alcohol use deemed as incivilities.

We developed the pilot using participatory mechanisms. This included in-depth interviews with community leaders, university, and NGO representatives, liquor store owners, *Carabineros de Chile*, and municipal officers working in the neighbourhood (see [Supplementary Appendix](#) for details). Most actors considered the homeless people who had access to cheap alcohol in nearby liquor stores, as the biggest problem. Liquor store owners were unsure about the process for obtaining and renewing their alcohol licence, and were worried about drunk customers trying to purchase alcohol near closing times. Based on this information, we drafted a tripartite agreement between the Municipality, community representatives, and liquor store owners which was signed at a public event in September 2015. The Municipality agreed to provide better information on the role of security

inspectors, phone call services (Aló Santiago) and the process of alcohol licences, while the community agreed to have an active role in monitoring and denouncing violations of the Alcohol Act. Liquor stores committed to asking for proof of identity for customers under 18 years old, and to cease selling spirit bottles smaller than 400ml and with a cost lower than \$1500 Chilean pesos (around US\$2.00). A sign was installed in all three signing liquor stores to remind the community of these commitments. The sign additionally featured a direct phone number for local police officers, as well as the municipal phone number for reporting disturbances. Two years later we conducted stakeholder interviews and visited the liquor stores to verify the signs were visible, but no formal evaluation was conducted.

Drawing on the experience of the pilot, we developed an Intersectoral Alcohol Control Plan for 2016. We carried out in-depth interviews with 18 municipal departments asking how alcohol use and harm among residents affected their work, how they could contribute to reducing alcohol use and harm, and how the plan could support their own departmental goals (see [Supplementary Appendix](#) for details). We then drafted a plan using a logical framework methodology. The plan was called 'Strategic Plan on Neighbourhood Coexistence and Alcohol' to emphasise overall well-being gains. It included two strategic objectives: (1) to create the structural conditions to reduce exposure to alcohol by reducing alcohol availability and marketing, and (2) to articulate the actions of Municipal departments related to alcohol. The plan resulted in 99 actions involving 12 municipal departments, covering WHO Policy Domains 2, 3, 5, 8, 9 and 10. A summary of the plan can be found in Table 2. Evaluation of the plan's results were to be carried out in June and December 2016.

In 2016, the Alcohol Control Plan was implemented without major difficulties. The main achievements of the 2016 plan included the reduction of one-off events with permission to sell alcohol after 02:00 a.m. from 19.3% in 2015 to 10.3% in 2016, a proposal to the Municipal Council not to renew alcohol licences to five alcohol outlets (the proposal was rejected and all licences were renewed), a partial application of the marketing surcharge for one-off events, the publication of a flowchart and protocol to grant and renew alcohol licences, the integration of protocols into manuals of coexistence in 27 out of 42 schools (64.2%), and training 120 civil servants from the Education, Social Development and Sports departments.

We also strengthened the implementation of SBIs in municipal primary health centres (WHO Policy Domain 5), with the aim of improving the quality of brief interventions. We trained nurses on the health and social effects of alcohol use, best practices for the application of SBIs, and appropriate referral of risky drinking cases. Additionally, we extended the AUDIT and brief intervention approach to municipal workers, covering 10% of municipal workers with public health insurance.

In schools, we continued implementing SBIs, yet our aim was to address alcohol-related issues within school communities. We established an Alcohol Committee with the Education, Health and Social Departments, which met on

a monthly basis. We analysed national surveys, applied alcohol screening instruments, and conducted focus groups to assess consumption and associated risks among students. We conducted training and awareness sessions for head teachers and trained school psychologists and social workers on best practices for intervention and referral procedures. Schools developed protocols for monitoring and addressing

alcohol consumption among students, which were subsequently integrated into the schools' Manual of School Coexistence. These protocols outlined binding responsibilities for school professionals, including teachers, head teachers, psychologists, social workers, and other support staff.

Table 2

Objectives and Outcomes of the Intersectoral Alcohol Plan 2016, Municipality of Santiago

Overall objective: To reduce the social and health consequences caused by alcohol in the neighbourhoods of Santiago

Strategic objective	Specific objective	Goal/Outcome	
1. Generate structural conditions in the territory to reduce exposure to alcohol of residents and users of the Municipality. through environments with lower availability and marketing	1. To reduce the availability of alcohol in the Municipality	1A. To reduce the opening hours (maximum 2 am) and the provision of one-off event permits that include the sales of alcohol, compared to 2015	
		1B. 80% of alcohol outlet owners, in the location of the one-off events, receive information from organisers about the time and date of the event and their obligation to adhere to the Alcohol Act (do not sell alcohol to minors and inebriated people)	
		1C. Implement protocols of the "Community Pilot" to reduce harmful alcohol use in two neighbourhoods in the Municipality	
		1D. Advocacy about alcohol use and harm with council members, civil society representatives and community representatives	
	2. To reduce marketing to alcohol in the Municipality	2A. 100% of requests for one-off event permits during 2016 include a 50% surcharge according to Ordinance 94	
		2B. 100% of requests for one-off event permits with the goal aim of product advertising with include a 12.5% surcharge if they include marketing of alcohol	
	2. Articulate the actions of Municipal departments related to alcohol, placing the health of their residents, users and workers as a priority	3. To improve the response capacity of the Municipality	3A. 100% of departments and subdepartments involved in alcohol issues receive one training per year on the operation of Aló Santiago
			3B. To report to the Customer Service Unit, twice per year, about the programmes and activities of other municipal departments regarding alcohol
			3C. The Department of Inspection sends twice a year to the Legal Department a list of alcohol outlets fined by the Alcohol Act
			3D. To create a flowchart and a new protocol to obtain alcohol licenses (published on the Municipal website)
3E. To inspect alcohol outlets using the new protocol			
3F. The Alcohol Committee meets at least four times a year			
4. To apply screening (AUDIT) and brief interventions to populations that live, study or transit the Municipality	4. To apply screening (AUDIT) and brief interventions to populations that live, study or transit the Municipality	4A. To carry out 800 AUDIT and brief interventions in Friendly Spaces	
		4B. To maintain the number of AUDIT and brief interventions compared to 2015 in the preventive checkups carried out in municipal primary care centres	

Overall objective: To reduce the social and health consequences caused by alcohol in the neighbourhoods of Santiago		
Strategic objective	Specific objective	Goal/Outcome
		4C. To carry out 200 AUDIT and brief interventions during community activities
		4D. 100% of nurses in municipal primary care centres receive annual training in screening and brief alcohol interventions
		4E. To carry out screening and brief interventions to 10% of municipal workers with public insurance, regardless of their type of contract
		4F. 100% of municipal sports managers receive training in screening and brief alcohol interventions
		4G. 100% of municipal territorial managers receive training in screening and brief alcohol interventions
		4H. 100% of pairs of "Acting on Time" (a programme by SENDA) receive training in screening and brief alcohol interventions
		4I. 100% of psychosocial pairs in 16 municipal high schools receive training in screening and brief alcohol interventions
	5. To increase awareness about the harm due to alcohol	5A. To raise awareness on neighbours and community members participating in Neighbourhood Committees about topics related to alcohol use and harm
		5B. To implement the programme Acting on Time in municipal educational facilities
	6. To implement action protocols about alcohol and drug use in educational facilities	6A. 100% of school communities have Action Protocols about alcohol and drugs use integrated into their manuals of coexistence
		6B. To implement the Action Protocols, gradually (1st trimester: 10%, 2nd trimester: 40%, 3rd trimester: 70%, 4th trimester: 100%)

In October 2016, the then-Mayor Tohá lost the re-election. The elected Mayor Felipe Alessandri, a former council member, took power in December 2016. This change sharply reduced the political will and affected the programme's implementation as civil servants of the Mayor's Office and in strategic positions in municipal departments quit or were laid off. Moreover, our team was also deemed problematic by the new administration after releasing a controversial book on adolescent sexuality at the end of the Tohá period (Municipalidad de Santiago, 2016).

The agreement with SENDA continued in 2017 and we drafted a new strategic plan. Santiago Sano also was formally instituted as an intersectoral committee through Decree 5319 in June 2017. However, without political will, it was only possible to advance commitments directly under the responsibility of the Department of Health, resulting in a partial implementation of 2017 actions. The Municipality of Santiago decided not to sign a new agreement with SENDA for 2018, discontinuing most of the intersectoral work on alcohol control.

Lessons Learned

In reviewing our role as implementers, we demonstrate how we were able to implement policies in most WHO policy domains by involving a large number of municipal actors. We identified several facilitators and barriers, outlined in Table 3.

The main lesson from this experience is the importance of political will, both from the highest authority (i.e. the Mayor and her cabinet) but also from municipal department directors. However, political will is not enough by itself if it is not accompanied with structures and processes, adequate funding, and competent civil servants who understand the importance of reducing alcohol use and harm. Local evidence acted as a conversation opener with other municipal departments, helped to build trust among stakeholders, and was also useful to raise awareness with citizens more effectively than with international evidence.

Another lesson was not to focus solely on how health (i.e. alcohol use) could be incorporated in other sectors' policies, but also to understand how other sectors could achieve their own goals and, at the same time, reduce alcohol-related harm. We learned that it is crucial to focus not only on developing new alcohol interventions, but also on bringing existing ones into an intersectoral, cohesive strategy. This helped other municipal departments to embed their own performance objectives with the new alcohol control strategy.

Table 3

Facilitators and Barriers of Alcohol Control Actions in the Municipality of Santiago, 2014-2017

Domain	Perceptions from Santiago Sano team
Facilitators	<ul style="list-style-type: none"> - Political will from the Mayor's Office - Trust building from middle management - Intersectoral structures and processes for alcohol control policies - Alignment within the Municipality on the importance of reducing alcohol use and harm - Agreements with national authorities that provided stable funding frameworks
Barriers	<ul style="list-style-type: none"> - Alcohol Act did not apply for alcohol licenses granted before the law - Resistance from alcohol outlet owners - Negative perception of the community about regulatory alcohol control policies

Our work would not have been possible without having a relatively secure budget that permitted having two civil servants in the Department of Health dedicated full-time to alcohol control policies. The funding system was based on yearly-renewable fee agreements with public institutions, which brought significant uncertainty over the future, as such agreements were agreed on a yearly basis. This funding source was administratively burdensome and caused delays during their renewal at the start of each year. It also required intensive bargaining and negotiation between municipal and national authorities to make sure that the national and local goals were aligned.

We did not anticipate the stiff resistance from local alcohol outlet owners and the low community support for restricting opening hours of off-license alcohol outlets, which were significant barriers to develop and implement a more ambitious alcohol control plan. Conducting an informative campaign focused on how the measures would contribute to protecting people's health and improve community safety could have helped garner public support. Our scope of action was further limited by the Alcohol Act, which provided few policy options to intervene on existing licenses but only in the issuance of new ones.

Conclusions

The experience of Santiago provides an example, even if a cautionary one, of the untapped potential of local governments for alcohol control. Future research should document other experiences of intersectoral alcohol control in countries with lower levels of development and conduct rigorous evaluations of the effects of such policies on alcohol use and harm.

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